

Vaccinate *Vermont*

Zoster Vaccine Update

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The zoster vaccine (Zostavax) was approved for use by the Food and Drug Administration (FDA) in 2006, and was recommended by the Advisory Committee on Immunization Practice (ACIP) in 2008 for all persons ages 60 and older.

Despite the importance of this vaccine in preventing herpes zoster and its sequelae, Zostavax is not available in the United States at this time because Merck & Co. is experiencing temporary interruptions in supply (www.merckisp.com/zostavax.aspx). Zostavax has only been available in limited quantities for several months, and is currently on backorder.

The Vermont Department of Health (VDH) Immunization Program planned to make the Zostavax vaccine available to all practices enrolled in the Vaccines for Adults program as part of the Vaccine Purchasing Pool pilot program. This plan was contingent on VDH being able to purchase the vaccine through a federal contract beginning July 1, 2011. The CDC will not have access to the vaccine on July 1st and, as a result, VDH will need to wait until a new supply is available for distribution.

Herpes Zoster (shingles) is common in older adults and immunocompromised people. Surveillance data indicates that about one in three people develop shingles during their lifetime. A common complication of herpes zoster is post-herpetic neuralgia, a painful chronic condition that can last for months or



longer. In Vermont, the rate of emergency department visits in which shingles was diagnosed increased from 42 cases per 100,000 in 2003 to 71 cases per 100,000 in 2008. The number of hospitalizations for shingles (as primary or secondary diagnosis) also increased from 22.3 per 100,000 in 2005 to 29.3 per 100,000 in 2008.

In March 2011 the FDA approved an indication for zoster vaccine for adults 50 years of age or older, which further increased the demand for Zostavax. We apologize for the delay in supplying this vaccine. In the interim, practices can continue to order Zostavax independently or refer patients to those pharmacies administering it onsite.

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healthvermont.gov/events.aspx

Perinatal Hep B Prevention Program



Protect Babies From Hep B!

Perinatal Hepatitis B Program.

“CDC recommends that all newborns be vaccinated against Hepatitis B prior to hospital discharge.”

Unvaccinated infants and children exposed to the hepatitis B virus have a 90% chance of acquiring chronic hepatitis B infection, compared to 10% in adults. The perinatal hepatitis B prevention program works with birthing hospitals to ensure timely identification of the hepatitis B surface antigen (HBsAg) in pregnant women. Positive HBsAg results, a marker for current infection, are routinely reported to the Vermont Department of Health for case management of these newborns and follow up with the mothers. In addition to ensuring the administration of prophylaxis to infants born to

mothers who are either HBsAg positive or have an unknown HBsAg status at delivery, the perinatal program works with birthing hospitals to promote the birth dose of hepatitis B vaccine. CDC recommends that all newborns be vaccinated prior to hospital discharge and that birthing facilities routinely use standing orders to ensure administration of that initial dose of vaccine. The American Academy of Pediatrics (AAP) and the American Academy of Family Practitioners (AAFP) have endorsed this recommendation which is part of a larger strategy to eliminate the transmission

of the hepatitis B virus. For additional information:

- VDH Perinatal Hepatitis B Prevention at <http://healthvermont.gov/hc/imm/HepB.aspx>
- A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the U.S: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5416a1.htm>
- Recommendations for Identification & Public Health Management of Persons with Chronic Hepatitis B Virus Infection: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5708a1.htm>

HPV Vaccine for males

Human Papillomavirus (HPV) is the most common sexually transmitted infection in the United States. In May 2010, the Advisory Committee on Immunization Practices (ACIP) permissively* recommended the vaccine HPV4 (Gardasil) for males age 9 through 26. HPV4 vaccine provides protection against HPV types 6, 11, 16, and 18. HPV types 6 and 11 cause 90% of genital warts while HPV associated cancers in males including certain anal, penile, and oropharyngeal cancers are caused primarily by HPV

16. Boys and young males should get the three dose vaccine series to prevent genital warts and certain cancers.

The HPV vaccine has been found to be most beneficial in males and females if all three doses are given before sexual activity begins although studies have found that prior infection of one HPV type did not diminish efficacy of the vaccine against other HPV types

*Permissive vs. Routine Recommendations

Permissive vaccine recommendation implies that vac-

cine should either be provided upon parental request or proactively offered during office visits. Routine vaccine recommendations mean that vaccines should be proactively provided as the standard of care. In Vermont, HPV vaccine is available from the Immunization Program for females and males ages 9-26 years. In 2009, 61% of Vermont females received one or more doses of HPV vaccine (MMWR, 2010). Data is not available for rates of males' vaccination since it was only recommended by the ACIP in early 2010.



HPV vaccine for males

Immunization Registry: HL7 Data Exchange

Most practices are sending data to the Vermont Immunization Registry, but many have expressed interest in sending data via HL7 message. This is an important way practices can achieve Meaningful Use of an Electronic Medical Record. Planning for HL7 Data Exchange in Vermont is being

accomplished via Vermont's Health Information Exchange organization: Vermont Information Technology Leaders, or VITL. The first step in implementing HL7 data exchange for your practice is to contact VITL.

Here is the contact information you need:

Jennifer Moran
Project Manager, VITL
802-839-1950
jmoran@vitl.net

<http://www.vitl.net/health-information-exchange/immunization-registry>

Log On to the Registry



Vermont Immunization Registry.

Ask the Experts: Vaccine Specific Q & A Answered by CDC Experts

Acquired from: <http://www.immunize.org/express/issue922.asp> on April 6, 2011

Q: We frequently see patients who have a fever or an acute illness and are due for vaccinations. We're never quite sure if we should withhold the vaccines or not. What do you advise?

A: A "moderate or severe acute illness" is a precaution for administering any vaccine. A mild acute illness (e.g., mild diarrhea, or upper respiratory tract infection) with or without fever is not.

Q: If all needed vaccines aren't administered during

the same visit, does one need to wait a certain period of time before administering the other needed vaccines?

A: All inactivated vaccines can be given on the same day, or on any day before or after giving other inactivated or live vaccines. However, if two live vaccine are not given on the same day, they need to be spaced at least 4 weeks apart. This recommendation does not apply to rotavirus or oral typhoid vaccine, which can be given at

any time before or after another live vaccine.

Q: Which vaccine can be given to breastfeeding women?

A: All vaccines except smallpox can be given to breastfeeding women. Breastfeeding is a precaution for yellow fever vaccine. Women who are breastfeeding should be advised to postpone travel to yellow fever endemic or epidemic regions; however, if the travel can't be postponed the woman should receive vaccine.

"All vaccines except smallpox can be given to breastfeeding women"

In Brief

International Travel Vaccines

Comprehensive travel specific education and vaccination can be quite complex. The Vaccines for Adults (VFA) program supplies some vaccines routinely recommended for travelers:

hepatitis A and B, and Tdap. However, provider practices may not have the time or expertise for complicated travel itineraries or travelers with multiple medical issues. Referral to a travel health specialist may be appropriate. The Vermont Department of Health

does not operate a Travel Vaccination Clinic. Patient referrals should be made to one of the Vermont travel clinics listed at: <http://wwwnc.cdc.gov/travel/yellow-fever-vaccination-clinics/search.htm>



International Travel Vaccines.

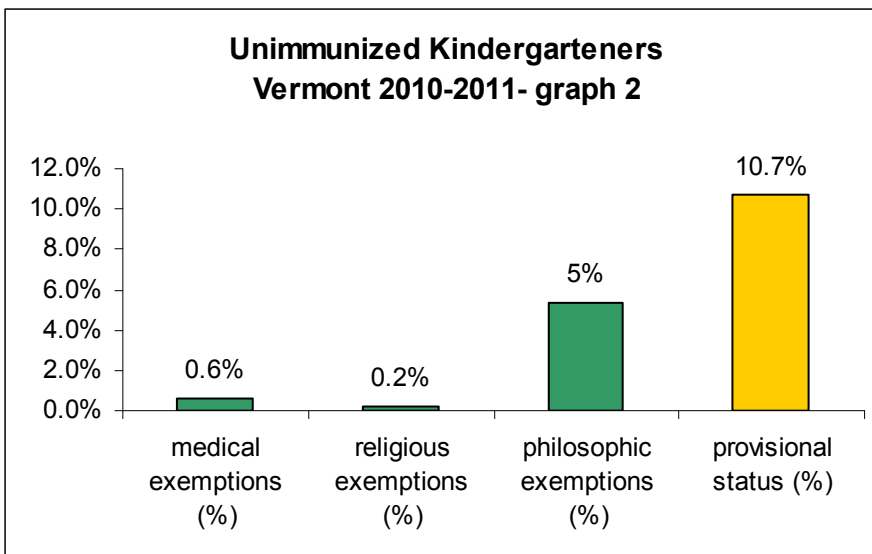
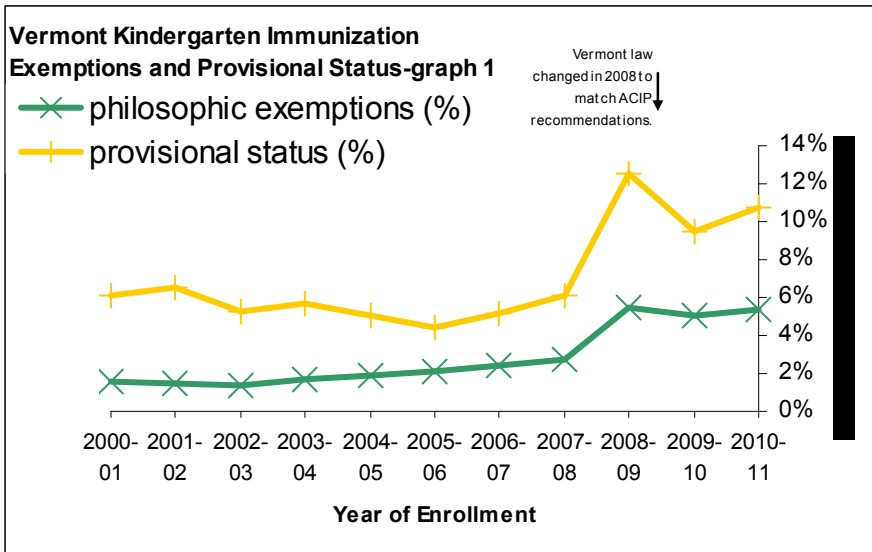
School Immunization Rates

Vermont law requires all students to be immunized at school entry. Students that cannot present acceptable documentation of their immunization history or exemption status can be admitted to school on a provisional basis. Provisional status is temporary and indicates that the compliance process to meet the requirements is proceeding. The Immunization Program assesses information reported by the schools for kindergarten, seventh and post-secondary students to determine how schools are complying with the state law.

In 2008, the VDH Immunization Regulations for kindergarten entry were changed to address new recommendations of the Advisory Committee on Immunization Practices (ACIP). Students entering kindergarten must provide documentation of the following vaccines: 5 doses of DTaP, 4 doses of polio, 2 doses of MMR, 3 doses of hepatitis B, and 2 doses of varicella.

Graph 1 illustrates the significant increases in Vermont over the last decade for the use of the provisional status and philosophical exemptions (a conviction opposed to vaccine administration) for school entry. The sharp rise in the provisional status line coincides with the changes in kindergarten entry requirements. The addition of two doses of varicella vaccine was likely a significant factor relating to this increase since it was a new vaccine and requirement.

Graph 2 features exemptions by type and provisional admittance data. The graph's most striking trend is that the provisional status consistently accounts for more unvaccinated or not up-to-date students than medical, religious, and philosophical exemptions combined.



The CDC published an article on June 3, 2011 entitled, "Vaccination coverage among children in kindergarten – United States, 2009-10 school year." The article summarized reported kindergarten vaccine coverage data for the cited school year. Vermont was highlighted for significant rates of exemptions.



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